

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-670)

SERIAL NO.

FILING DATE

APPLICANT/LE

CLAIMS

NO.	OCT.	AS FILED		AFTER 1st ALLOWMENT		AFTER 2nd ALLOWMENT	
		NO.	OCT.	NO.	OCT.	NO.	OCT.
1	1						
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TOTAL OCT.	20						

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